

Retirement Status Form

Employee Name _____ SSN _____

* Have you ever retired from one of the Washington State Retirement Systems?

Yes ☐ No ☐

Employee Signature

Date

Employer Reporting Information

The information below has been verified using the Department of Retirement Systems' (DRS) Member Reporting Verification (MRV) application, via direct access to DRS' member database, or by contacting a DRS representative.

Yes ☐

Date

No ☐ (Member provided)

Have you ever been a member of a Washington State Retirement System? Yes ☐ No ☐

If yes, what system and plan?

Teachers' Retirement System

Plan 1 ☐ Plan 2 ☐ Plan 3 ☐

School Employees' Retirement System

Plan 2 ☐ Plan 3 ☐

Public Employees' Retirement System

Plan 1 ☐ Plan 2 ☐ Plan 3 ☐

Law Enforcement Officers'
and Fire Fighters' Retirement System

Plan 1 ☐ Plan 2 ☐

Washington State Patrol Retirement System

Plan 1 ☐ Plan 2 ☐

Judicial Retirement System

☐

Do not know

☐

Have you withdrawn your retirement contributions? Yes ☐ No ☐ N/A ☐ Do not know ☐

Completed form to be filed in employee's file.

* RCW 41.50.139 requires employers to solicit this information from all new employees.